

## WE MUST CHECK YOUR APPLICATION

**You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[names of children]** are eligible.

**If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.**

**1. If you were getting Food Assistance or FIP when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:**

- Notice of Decision that shows dates of eligibility.
- Letter from Food Assistance or Welfare Office that says you have gotten Food Assistance or FIP.
- **Do not send your EBT card.**

**2. If you get this letter for a homeless, migrant or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.**

**3. If the child is a Foster Child:**

Send us official documentation from the agency sponsoring the child.

**4. If you have an income you must send papers that show the amount of money your household gets from each source of income and the Social Security Number of each adult household member. Complete A. and B. below.**

A. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page 2)	No Social Security Number
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>
_____	___ - ___ - ____ - ____ - ____ - ____	<input type="checkbox"/>

**B. Send this page along with papers that show the amount of money your household gets from each source of income.** The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification. **Send information to: [address].**

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation].

Sincerely,

[signature]

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Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program, Family Investment Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.